CALIFORNIA BOARD OF REGISTERED NURSING
CONTINUING EDUCATION PROVIDER APPLICATION

COMMON MISTAKES CHECKLIST

ADVERTISEMENT

☐ The sample of the advertising flyer/brochure has not been submitted.

☐ The sample advertising flyer/brochure that you have submitted is not in compliance.

☐ The provider's name, as officially on file with this Board, is different of missing.

☐ The provider statement "Provider approved by the California Board of Registered Nursing, Provider #_____, for ___ Contact Hours" should appear verbatim.

☐ The refund/cancellation policy in the event of non-attendance by the licensee needs to be stated.

☐ A clear, concise description of the course content and/or objective(s) has not been provided.

☐ Delete the term CEUs. CEUs are given by colleges and universities only; the correct term is CE contact hours or contact hours.

CERTIFICATE OF COMPLETION

☐ The sample certificate of completion has not been submitted.

☐ The sample certificate of completion that you have submitted is not in compliance.

☐ The provider's name, as officially on file with this Board, is different or missing.

☐ The provider's statement is missing – does not indicate that this is a California Board of Registered Nursing Provider # (i.e. "California Provider #____").

☐ The retention statement regarding the document needing to be retained by the licensee for a period of four years after the course concludes is missing.

☐ Delete the term CEUs. CEUs are given by colleges and universities only; the correct term is CE contact hours or contact hours.

COURSE INFORMATION

☐ The Course Information page is incomplete:

☐ The title of the course is not stated.

☐ The objectives are not stated using behavioral terminology.

☐ The overview/description of the course is incomplete or not stated.

☐ The type of offering (i.e. Academic, Workshop, In-service, Home study, etc.) is not noted.

☐ The teaching methods are not indicated.

☐ The number of contact hours are not stated.

☐ The content is not presented in a comprehensive topical-outline-format.

☐ The Course content does not reflect post RN licensure content.

INSTRUCTOR INFORMATION

☐ Instructor information has not been submitted or is incomplete.

☐ Instructor license number, expiration date and type have not been provided.

FEDERAL TAX IDENTIFICATION NUMBER

☐ The Federal Tax ID Number (FEIN) is missing. If you are a corporation, health facility, school, etc., use your FEIN; if you are not a corporation and do not have a FEIN, use your Social Security Number.